



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



APPLICATION FOR ANIMAL PERMIT

Date: _____

To the Licensing Authorities: In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Applicant: _____
(Full name of person, firm or corporation making application.)

Type of Establishment: _____

Address: _____
(Location by number and street where animal(s) will be housed.)

Phone number: _____ Email address: _____

For Biotech Only -

Corporate Address: _____

Telephone Number: _____ FAX: _____

President (Full Name) _____

Biosafety Officer (Full Name) _____

Please state your Biotech level and list the organisms being used: _____

For all Animal Permit Applicants -

Clearly state the purpose for which permit is requested:

New applicants - Need to submit a detailed set of plans for your proposed accessory structure intended for the housing of your animals. (NOTE: This will also have to be approved by the Building Dept. prior to our approval.) Was this structure

permitted? ☐ Yes ☐ No

All Applicants (NEW REQUIREMENTS) -

If you are requesting to keep horses, goats, etc. on your property, clearly state how you will be handling the manure, including proper storage and disposal.

- Need to submit a detailed written Manure Management Plan, for review/approval (please include location of pit on proposed plot plan, along with setback distances to the components listed in the regulations);

Please include the name of the disposal company that you will be using, including frequency of pick-up, etc. List person(s) directly responsible for maintenance of stables and animals. ***Please submit separate document for review and approval.***
(NOTE: Application WILL NOT be reviewed if we do not receive all the required info.) (OVER)

Need copy of your Pest Management Plan (please attach to application), and a statement from a licensed pest control operator (on letterhead), which states that you have a Pest Management Plan in place with them that can be immediately activated if the Health Dept. determines that it's necessary. Please list below the licensed pest control service name and contact information -

List all animals (types of species, etc.) that are housed on site (please include numbers of each):

Animal Emergency Evacuation Plan Information --

- Do you currently have an emergency plan for your animals? (i.e. if the town needs to be evacuated, etc.) Please circle - **YES** **NO**
 - If you answered yes above, please list the details of your plan (Or feel free to attach a separate document to this application for our review and approval.) -
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(If you need additional information on how to develop an emergency plan, please check out the following web sites - <http://www.fema.gov/emergency/animal.shtm> or <http://www.fema.gov/individual/animals.shtm>.)

As part of our initial application process, you must get approval from the following departments. Please drop off or mail copies of your Animal permit application to the following Town Departments listed below:

- Building Department. (Building Inspector);
- Planning Board (Director);
- Conservation Commission (Director); and
- Police Department (Animal Control Officer).

I have read the updated Board of Health Domestic Animal Permit Regulations, voted in on December 13, 2011, and meet the regulation requirements.

Signature of Applicant: _____ Phone: _____

Address of Applicant: _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury, that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

Date - _____